





WELL #9 D189 ~ 831

P1189

PUTNAM COUNTY DEPARTMENT OF HEALTH

Office Use Only

WELL LOCATION STREET ADDRESS: <u>HORSEPOUND RD. KENT (CARMEL)</u>		TOWN/VILLAGE/CITY		TAX GRID NUMBER:																																																								
WELL OWNER <u>J. G. CARMEL 900 THIRD AVE., N.Y., N.Y.</u>		NAME: _____ ADDRESS: _____		<input type="checkbox"/> PRIVATE <input type="checkbox"/> PUBLIC																																																								
USE OF WELL 1 - primary 2 - secondary		<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> INDUSTRIAL <input checked="" type="checkbox"/> PUBLIC SUPPLY <input type="checkbox"/> FARM <input type="checkbox"/> INSTITUTIONAL <input type="checkbox"/> AIR/COND./HEAT PUMP <input type="checkbox"/> TEST/OBSERVATION <input type="checkbox"/> STAND-BY <input type="checkbox"/> ABANDONED <input type="checkbox"/> OTHER (specify) _____																																																										
AMOUNT OF USE		YIELD SOUGHT _____ gpm./NO. PEOPLE SERVED _____ / EST. OF DAILY USAGE _____ gal.																																																										
REASON FOR DRILLING		<input type="checkbox"/> NEW SUPPLY <input type="checkbox"/> REPLACE EXISTING SUPPLY <input type="checkbox"/> PROVIDE ADDITIONAL SUPPLY <input type="checkbox"/> DEEPEN EXISTING WELL <input type="checkbox"/> TEST/OBSERVATION																																																										
DEPTH DATA		WELL DEPTH <u>380</u> ft. <u>OVERFLOWING</u> STATIC WATER LEVEL <u>0'</u> ft.		DATE MEASURED <u>7-25-88</u>																																																								
DRILLING EQUIPMENT		<input type="checkbox"/> ROTARY <input type="checkbox"/> WELL POINT <input checked="" type="checkbox"/> COMPRESSED AIR PERCUSSION <input type="checkbox"/> CABLE PERCUSSION <input type="checkbox"/> DUG <input type="checkbox"/> OTHER (specify): _____																																																										
WELL TYPE		<input type="checkbox"/> SCREENED <input type="checkbox"/> OPEN END CASING <input checked="" type="checkbox"/> OPEN HOLE IN BEDROCK <input type="checkbox"/> OTHER																																																										
CASING DETAILS		TOTAL LENGTH <u>31</u> ft.		MATERIALS: <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER																																																								
		LENGTH BELOW GRADE <u>28.71</u> ft.		JOINTS: <input type="checkbox"/> WELDED <input checked="" type="checkbox"/> THREADED <input type="checkbox"/> OTHER																																																								
		DIAMETER <u>7</u> in.		SEAL: <input checked="" type="checkbox"/> CEMENT GROUT <input type="checkbox"/> BENTONITE <input type="checkbox"/> OTHER																																																								
		WEIGHT PER FOOT <u>26</u> lb./ft.		DRIVE SHOE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO LINER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																																								
SCREEN DETAILS		DIAMETER (in) _____		SLOT SIZE _____																																																								
		LENGTH (ft) _____		DEPTH TO SCREEN (ft) _____																																																								
GRAVEL PACK		TOP DEPTH _____ ft.		BOTTOM DEPTH _____ ft.																																																								
		DEVELOPED? <input type="checkbox"/> YES <input type="checkbox"/> NO HOURS _____																																																										
WELL YIELD TEST METHOD: <input type="checkbox"/> PUMPED <input type="checkbox"/> COMPRESSED AIR <input type="checkbox"/> BAILED <input type="checkbox"/> OTHER		If detailed pumping tests were done is information attached? <input type="checkbox"/> YES <input type="checkbox"/> NO																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>WELL DEPTH ft.</th> <th>DURATION hr. min.</th> <th>DRAWDOWN ft.</th> <th>YIELD gpm.</th> </tr> <tr> <td>380</td> <td>0 30</td> <td>-</td> <td>100+</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>		WELL DEPTH ft.	DURATION hr. min.	DRAWDOWN ft.	YIELD gpm.	380	0 30	-	100+																	WELL LOG If more detailed formation descriptions or sieve analyses are available, please attach.																																		
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